

Form 205
(Revised 07/10)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$300



Certificate of Formation
Limited Liability Company

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
JAN 23 2013

Corporations Section

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Cellular Communications Equipment LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

☒ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

Registered Agent Solutions, Inc.

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

First Name	M.I.	Last Name	Suffix
C. The business address of the registered agent and the registered office address is:			
1701 Directors Blvd., Suite 300	Austin	TX	78744
Street Address	City	State	Zip Code

Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

☐ A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

☒ B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

GOVERNING PERSON 1

NAME (Enter the name of either an individual or an organization, but not both.)
IF INDIVIDUAL

First Name	M.I.	Last Name	Suffix
OR			
IF ORGANIZATION			
Acacia Research Group LLC			
Organization Name			

ADDRESS

6136 Frisco Square Blvd, Suite 385	Frisco	TX, USA	75034
Street or Mailing Address	City	State, Country	Zip Code

GOVERNING PERSON 2				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

GOVERNING PERSON 3				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

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Organizer

The name and address of the organizer:

Cheryl Willeford

Name

500 Newport Center Drive, 7th Floor

Street or Mailing Address

Newport Beach

City

CA 92660

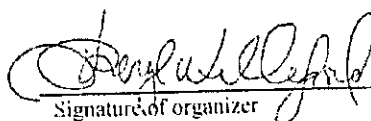
State Zip Code

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: January 23, 2013


Signature of organizer

Cheryl Willeford

Printed or typed name of organizer

TX2014
Ver. 5.005-102
(Rev.9-13/32)**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196

Taxpayer number

Report year

32050003717

2014

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name
CELLULAR COMMUNICATIONS EQUIPMENT LLC☐ Check box if the mailing address has changed.Mailing address
2400 DALLAS PARKWAY, SUITE 200Secretary of State (SOS) file number or
Comptroller file numberCity
PLANOState
TXZIP Code
75093

Plus 4

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.Principal office
SAME AS ABOVEPrincipal place of business
SAME AS ABOVE***Please sign below!***

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3205000371714

SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company ACACIA RESEARCH GROUP, LLC	State of formation DE	Texas SOS file number, if any	Percentage of ownership 100.00
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Registered agent and registered office currently on file (see instructions if you need to make changes)

☐ Check box if you need forms to change the registered agent or registered office information.

Agent:	City	State	ZIP Code
Office:			

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here 	Title CFO	Date 11/14/2014	Area code and phone number
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Texas Comptroller Official Use Only

VE/DE

☐

PIR IND

☐

TX2015 05-102
Ver. 6.0 (Rev.9-13/32)**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196

Taxpayer number

Report year

32050003717

2015

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name
CELLULAR COMMUNICATIONS EQUIPMENT LLC☐ Check box if the mailing address has changed.Mailing address
1701 DIRECTORS BLVD, SUITE 300Secretary of State (SOS) file number or
Comptroller file numberCity
AUSTINState
TXZIP Code
78744Plus 4
1044

0801722018

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.Principal office
SAME AS ABOVEPrincipal place of business
SAME AS ABOVE

3205000371715

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration
ROBERT L. HARRIS	EXECUTIVE CHAIRMAN	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 520 NEWPORT CENTER DR, 12TH FL	City NEWPORT BEACH	State CA	ZIP Code 92660
MATTHEW VELLA	CEO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 520 NEWPORT CENTER DR, 12TH FL	City NEWPORT BEACH	State CA	ZIP Code 92660
CLAYTON J. HAYNES	CFO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 520 NEWPORT CENTER DR, 12TH FL	City NEWPORT BEACH	State CA	ZIP Code 92660

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
ACACIA RESEARCH GROUP LLC	DE	0801360610	100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

☐ Check box if you need forms to change the registered agent or registered office information.

Agent:

Office: City State ZIP Code

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Clayton J. Haynes Title CFO Date 11/12/15 Area code and phone number 949-480-8300

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TX2016
Ver. 7.005-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

32050003717

2016

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.Taxpayer name
CELLULAR COMMUNICATIONS EQUIPMENT LLC☐ Check box if the mailing address has changed.Mailing address
1701 DIRECTORS BLVD. STE 300Secretary of State (SOS) file number or
Comptroller file numberCity
AUSTINState
TX

ZIP code plus 4

78744 1044

0801722018

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

SAME AS ABOVE

Principal place of business

SAME AS ABOVE

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!**This report must be signed to satisfy franchise tax requirements.**

3205000371716

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
ROBERT L. HARRIS	EXECUTIVE CHAIRMAN	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 520 NEWPORT CENTER DR, 12TH FL	City NEWPORT BEACH	State CA	ZIP Code 92660
MARVIN KEY	CEO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 520 NEWPORT CENTER DR, 12TH FL	City NEWPORT BEACH	State CA	ZIP Code 92660
CLAYTON J. HAYNES	CFO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 520 NEWPORT CENTER DR, 12TH FL	City NEWPORT BEACH	State CA	ZIP Code 92660

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
ACACIA RESEARCH GROUP, LLC	DE	0801360610	100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Agent:

Office:

City

State

ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.sign
here

Title

CFO

Date

11/4/16

Area code and phone number

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TX2017
Ver. 8.005-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

32050003717

2017

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

Cellular Communications Equipment LLC

■ ☐ Check box if the mailing address has changed.

Mailing address

1701 Directors Blvd. STE 300

Secretary of State (SOS) file number or
Comptroller file number

City

Austin

State

TX

ZIP code plus 4

78744

1044

0801722018

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Same As Above

Principal place of business

Same As Above

You must report officer, director, member, general partner and manager information as of the date you complete this report.



3205000371717

Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
Robert Stewart	President	<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 Newport Center Dr. 12th F	Newport Beach	CA	92660
Name	Title	Director	Term expiration
Clayton J. Haynes	CFO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 Newport Center Dr. 12th F	Newport Beach	CA	92660
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Acacia Research Group, LLC	DE	0801360610	100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title	Date	Area code and phone number
	CFO	11/2/17	949/480-8300

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TX2018
Ver. 9.005-102
(Rev. 9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

32050003717		2018	
Taxpayer name Cellular Communications Equipment LLC		<input checked="" type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 6136 Frisco Square Blvd, Suite 400		Secretary of State (SOS) file number or Comptroller file number	
City Frisco	State TX	ZIP code plus 4 75034	0801722018

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office Same As Above
Principal place of business Same As Above

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3205000371718

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mark W. Booth	CEO	<input type="checkbox"/> YES		
Mailing address	City	State	ZIP Code	
520 Newport Center Dr. 12th F	Newport Beach	CA	92660	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Kirsten Hoover	CFO	<input type="checkbox"/> YES		
Mailing address	City	State	ZIP Code	
520 Newport Center Dr. 12th F	Newport Beach	CA	92660	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
		<input type="checkbox"/> YES		
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Acacia Research Group, LLC	DE	0801360610	100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Agent:	City	State	ZIP Code
Office:			

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sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.

sign here	Title CFO	Date 11/9/18	Area code and phone number 949-480-8307
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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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8D5243 2 000

TX2019 05-102
Ver. 10.0 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

32050003717

2019

Taxpayer name CELLULAR COMMUNICATIONS EQUIPMENT LLC

☒ Blacken box if the mailing address has changed.

Mailing address

Secretary of State (SOS) file number or
Comptroller file number

1701 DIRECTORS BLVD. STE 300

City AUSTIN

State TX

ZIP code plus 4

78744-1044

0801722018

☐ Blacken box if there are currently no changes from previous year, if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3205000371719

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	<div>m m d d y y</div>
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	<div>m m d d y y</div>
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	<div>m m d d y y</div>
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent:

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office:

City

State

ZIP Code

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sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institutionsign
here

Title

Date

Area code and phone number

Texas Comptroller Official Use Only

VE/DE

☐

PIR IND

☐

7001

193162963024